

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

| | | |
|----------------------------------|---|--------------------------|
| IN RE: | § | Case No. 21-32204 |
| | § | |
| ROBERT THOMAS SNELL, JR., | § | Chapter 7 |
| Debtor | § | |
| | § | |
| | § | |

DEBTOR’S ORIGINAL SCHEDULES AND STATEMENTS

COMES NOW Robert Thomas Snell, Jr., “Debtor” in the above referenced case, by and through his attorney and refiles his Original Schedules, Statements, and Disclosure of Compensation that were originally filed on July 13, 2021 at Docket No. 11. Docket No. 11 inadvertently contained personally identifiable information (“PII”). As soon as Counsel became aware of this, Counsel contacted the clerk’s office to have Docket No. 11 be restricted. Now, Debtor’s Schedules, Statements, and Disclosure of Compensation are being refiled without the PII in order for his bankruptcy documents to be available for parties in interest.

Respectfully submitted on 08/05/2021,

/s/ Sarah Naomi Callahan
Sarah Naomi Callahan
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Attorney for Debtor

Fill in this information to identify your case and this filing:

| | | | |
|---|-----------------------------------|---------------|------------------|
| Debtor 1 | <u>Robert</u> | <u>Thomas</u> | <u>Snell, Jr</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number | <u>21-32204</u> | | |

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1 homestead

Street address, if available, or other description

30 E Wedgemere CircleThe Woodlands, TX 77381

City State ZIP Code

Montgomery

County

What is the property? Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

WDLNDS VIL COCHRANS CR 11, BLOCK 1, LOT 13

Source of Value:

Montgomery CAD 2021

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$492,550.00

Current value of the portion you own?

\$492,550.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple
☐ Check if this is community property
 (see instructions)

Debtor 1

Robert**Thomas****Snell, Jr**

First Name

Middle Name

Last Name

Case number (if known) **21-32204****1.2 Florida condo**

Street address, if available, or other description

5240 Eaglesmere Dr Unit 1-C07-1**Orlando, FL 32819**

City

State

ZIP Code

Orange

County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☒ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:**WINDHOVER CONDO CB 2/70 UNIT C07-1 BLDG 1****Source of Value:****Orange County, Florida Property Appraiser 2021 -- needs repairs; sister-in-law living here**Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****\$113,900.00****Current value of the portion you own?****\$113,900.00****Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.****Real Property**☐ **Check if this is community property**
(see instructions)

2. **Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....**

**\$606,450.00**

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) **21-32204**
 First Name Middle Name Last Name

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: **BMW** Who has an interest in the property? Check one.
 Model: **328i Convertible**
 Year: **2013**
 Approximate mileage: **69,000**
 Other information:
 fair condition

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **\$9,600.00**
 Current value of the portion you own? **\$9,600.00**

If you own or have more than one, list here:

3.2 Make: **Kia** Who has an interest in the property? Check one.
 Model: **Optima LS**
 Year: **2016**
 Approximate mileage: **55,000**
 Other information:
 fair condition

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **\$9,850.00**
 Current value of the portion you own? **\$9,850.00**

3.3 Make: **Ford** Who has an interest in the property? Check one.
 Model: **Taurus SHO**
 Year: **2016**
 Approximate mileage: **49,697**
 Other information:

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **\$20,216.00**
 Current value of the portion you own? **\$20,216.00**

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

Debtor 1 **Robert Thomas Snell, Jr** Case number (if known) **21-32204**
 First Name Middle Name Last Name

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

→ **\$39,666.00**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

See Attached.

\$5,132.50

7. **Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

See Attached.

\$1,702.00

8. **Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

9. **Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

☒ Yes. Describe.....

See Attached.

\$2,351.09

10. **Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe.....

See Attached.

\$959.00

11. **Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

wearing apparel

\$360.00

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) **21-32204**
 First Name Middle Name Last Name

12. **Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

See Attached.

\$1,315.00

13. **Non-farm animals**

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

2 dogs, 1 tortoise, and 1 fish; and related pet equipment

\$20.00

14. **Any other personal and household items you did not already list, including any health aids you did not list**
☒ No

☐ Yes. Describe.....
15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here..... →**

\$11,839.59

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes..... Cash.....

\$4.00

17. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. Checking account: **Bank of America, Joint (4008)** **(\$1,850.67)**

17.2. Checking account: **BBVA, Joint (8543)** **\$63.04**

17.3. Savings account: _____

17.4. Savings account: _____

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) **21-32204**
 First Name Middle Name Last Name

17.5. Certificates of deposit: _____

17.6. Other financial account: Venmo \$37.50

17.7. Other financial account: Paypal \$0.00

17.8. Other financial account: _____

17.9. Other financial account: _____

18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☐ No

☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

The Bellha Group, S-Corp. 100 % \$0.00

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them.....

Issuer name:

21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

IRA: Fidelity Investments Simple-IRA \$346.55

Additional account: Charles Schwab Brokerage \$301.50

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) **21-32204**
 First Name Middle Name Last Name

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No
☐ Yes.....

Institution name or individual:

Electric: _____

Gas: _____

Heating oil: _____

Security deposit on rental unit: _____

Prepaid rent: _____

Telephone: _____

Water: _____

Rented furniture: _____

Other: _____

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No
☐ Yes.....

Issuer name and description:

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No
☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☐ No
☒ Yes. Give specific information about them....

See Attached.

\$0.00

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) **21-32204**
 First Name Middle Name Last Name

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them....

27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them....

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

☐ No

☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

2020 | anticipated tax refund (\$7,664) of which (\$3,600) is due to a Recovery Rebate Credit that is not property of the bankruptcy estate

Federal:

\$4,064.00

State:

Local:

29. **Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

Alimony:

Maintenance:

Support:

Divorce settlement:

Property settlement:

30. **Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☐ No

☒ Yes. Give specific information.....

See Attached.

\$3,237.50

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) **21-32204**
 First Name Middle Name Last Name

31. **Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value....

Company name:

Beneficiary:

Surrender or refund value:

Prudential Life Insurance (Term)
policy amount: \$601,000

non-filing spouse

\$0.00

Northwest Mutual Life (Whole)
Total Death Benefit: \$172,257.00
Net death benefit after loan: \$86,493.

non-filing spouse

\$4,218.37

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.....

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

35. **Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information.....

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... →**

\$10,445.15

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.37. **Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) **21-32204**
 First Name Middle Name Last Name

38. **Accounts receivable or commissions you already earned**

- ☒ No
☐ Yes. Describe.....

39. **Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No
☐ Yes. Describe.....

40. **Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

- ☒ No
☐ Yes. Describe.....

41. **Inventory**

- ☒ No
☐ Yes. Describe.....

42. **Interests in partnerships or joint ventures**

- ☒ No
☐ Yes. Describe.....

Name of entity:

% of ownership:

_____%

43. **Customer lists, mailing lists, or other compilations**

- ☒ No
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?

- ☒ No
☐ Yes. Describe.....

44. **Any business-related property you did not already list**

- ☒ No
☐ Yes. Give specific information.....

45. **Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....→**

\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) **21-32204**
 First Name Middle Name Last Name

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No
☐ Yes.....

48. Crops—either growing or harvested

☒ No
☐ Yes. Give specific information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No
☐ Yes.....

50. Farm and fishing supplies, chemicals, and feed

☒ No
☐ Yes.....

51. Any farm- and commercial fishing-related property you did not already list

☒ No
☐ Yes. Give specific information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here..... →

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... →

\$606,450.00

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) **21-32204**

First Name Middle Name Last Name

| | | | |
|-----|--|------------------------|--|
| 56. | Part 2: Total vehicles, line 5 | <u>\$39,666.00</u> | |
| 57. | Part 3: Total personal and household items, line 15 | <u>\$11,839.59</u> | |
| 58. | Part 4: Total financial assets, line 36 | <u>\$10,445.15</u> | |
| 59. | Part 5: Total business-related property, line 45 | <u>\$0.00</u> | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | <u>\$0.00</u> | |
| 61. | Part 7: Total other property not listed, line 54 | + <u>\$0.00</u> | |
| 62. | Total personal property. Add lines 56 through 61..... | <u>\$61,950.74</u> | Copy personal property total → + <u>\$61,950.74</u> |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62..... | | <u>\$668,400.74</u> |

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) **21-32204**
 First Name Middle Name Last Name

SCHEDULE A/B: PROPERTY

Continuation Page

6. Household goods and furnishings

| | |
|---|----------|
| miscellaneous items including bird clock, magazine rack, brass pot, candle stick holders, glass vase with silk flowers, potted fake plant, oriental rug, glassware, pottery, books figurines, antique sideboard, grandfather clock, brass umbrella stand | \$125.00 |
| office supplies including letter organizer, computer disks, file folders, envelopes, wooden signs, stapler, staple remover, tape dispensers, business card holder, desktop framed photos, framed wall prints, tablets, briefcases, copy paper, brass weight, trash can, framed drawing, framed diploma house phones, office phone, calculators, filing cabinets, computer chair, rocking chair, desk, books, book case. | \$87.50 |
| sterling silver flatware, non-filing spouse's separate property | \$0.00 |
| yard/landscaping tools including gardening tools, roto tiller, edge trimmers, leaf blower, pressure washer | \$320.00 |
| furniture pieces including cushion chairs, wood back chairs, square ottoman, wood table, antique organ chair, plastic round table | \$430.00 |
| fishing/hunting/ camping and outdoor equipment including bug zapper, rods/reels, tackle box with lures/waders /etc., binoculars, ice chest, lanterns, outdoor cooking equipment, outdoor fan, outdoor light | \$266.00 |
| patio set, storage chest, wicker furniture, stool, gas grill and pool equipment | \$385.00 |
| wood box percussion instrument, wooden string instrument and guitar | \$280.00 |
| mechanic/carpenter tools including ladders, hand tools and auto repair equipment | \$205.00 |
| items in bedroom #2 including hat boxes, pillow throws, duvet cover, pillow shams, wall clock, wood four poster bed, wood marble top plant stand, hope chest, tulip lamp, small chairs, folding table, wire hat stands and framed postes | \$375.00 |
| items in bedroom #1 including bench, side tables, chair, duvet cover, pillow shams, iron bed, bookcase, lamp, lantern, clay angel, vessels, wicker baskets, quilt, throw pillows, framed posters | \$350.00 |
| items in attic including holiday decorations, wrapping ppper, bows, boxes, wreaths, suitcases, hang up bag, framed prints, drawings/photos, tax files and son's school belongings | \$130.00 |
| kitchen wears and appliances including tables, chairs, coffee maker, slow cookers, knives, blender, bowls, dishes, platters, pitchers, sheet trays, chopping blocks, deep fryer, aprons, pans, refrigerator, stove, microwave, dish washer, and other decorative items | \$460.00 |
| bar area items including bird houses, wine decanters, vases aerator, glasses, bbq tools, and misc bar and yard junk | \$254.00 |
| household items in downstairs hallway and closet including framed poster, photo of painting framed needlepoint, vacuum, coin sorting machine, foot massager, jackets/coats, ski outfit | \$338.00 |
| master suite items including jewelry chests, figurines, jewelry stands, bathroom scales, decorative items, humidifier, flat iron, sheets, pillows, alarm clock, bed, dresser, night stands, chest of drawers, TV cabinet, chair, lamps, stool, suitcases | \$185.00 |
| upstairs great room items including brass gong, oriental doll puppets, brass hooka, wooden figurine, small chest, small desk, wicker baskets, books, plastic world globe, couch, coffee table, end table, throw pillows, humidifier, ottoman, wooden bowl, pictures, photos | \$692.00 |
| dining area and living room area items including glass lanterns, table linens, figurines, lenox swan, bowls, platter, glass and pottery pumpkins, vase, tray, wall art, dining table and chairs, china cabinet, fish table, couch, coffee table, end tables, framed photos | \$250.00 |

7. Electronics

| | |
|----------------------------|----------|
| multi- function fax/copier | \$125.00 |
| telephone | \$20.00 |
| cellular telephones, 3 | \$460.00 |
| television 1 | \$86.00 |
| television 2 | \$23.00 |
| television 3 | \$110.00 |

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) **21-32204**
 First Name Middle Name Last Name

SCHEDULE A/B: PROPERTY

Continuation Page

| | | |
|-----|--|-------------------|
| | <u>dvd player, 1</u> | <u>\$55.00</u> |
| | <u>personal computer</u> | <u>\$150.00</u> |
| | <u>stereo</u> | <u>\$54.00</u> |
| | <u>television 4</u> | <u>\$406.00</u> |
| | <u>VCR, 1</u> | <u>\$85.00</u> |
| | <u>cd player (3)/ipods</u> | <u>\$14.00</u> |
| | <u>radios, 3</u> | <u>\$45.00</u> |
| | <u>camera</u> | <u>\$15.00</u> |
| | <u>camcorder, 1</u> | <u>\$25.00</u> |
| | <u>compact discs, 35</u> | <u>\$14.00</u> |
| | <u>dvds, 10</u> | <u>\$15.00</u> |
| 9. | Equipment for sports and hobbies | |
| | <u>golf clubs, golf equipment, exercise equipment, tennis equipment, scuba equipment, racquetball equipment, baseball equipment</u> | <u>\$321.00</u> |
| | <u>sport equipment including football helmet, footballs, golf ball frame, and golf balls</u> | <u>\$30.09</u> |
| | <u>olympic kiln, kiln furniture, art glasses, and misc. art supplies -- under non-filing spouse's sole management and control used for her side business</u> | <u>\$2,000.00</u> |
| 10. | Firearms | |
| | <u>small Rimfire 22 rifle for teenager</u> | <u>\$80.00</u> |
| | <u>Weatherby 12 gauge shotgun</u> | <u>\$130.00</u> |
| | <u>Baretta 20 gauge shotgun; Baretta shooting gun</u> | <u>\$749.00</u> |
| 12. | Jewelry | |
| | <u>wedding rings, 2</u> | <u>\$1,100.00</u> |
| | <u>watches</u> | <u>\$215.00</u> |
| | <u>bracelets, bangels, rings, necklaces, charms/pendants, brooches, and earrings - separate property of non-filing spouse</u> | <u>\$0.00</u> |
| 17. | Deposits of money | |
| | Checking account: <u>Bank of America, business checking (8920)</u> | <u>\$23.36</u> |
| | Checking account: <u>BBVA, business checking (9845), no activity since 2/7/2020 so not sure if closed or just open with a zero balance</u> | <u>\$0.00</u> |
| 25. | Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit | |
| | <u>Snell Family Trust</u> | <u>\$0.00</u> |

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|---------------|------------------|
| Debtor 1 | <u>Robert</u> | <u>Thomas</u> | <u>Snell, Jr</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u>21-32204</u> | | |

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own Copy the value from <i>Schedule A/B</i> | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|--|---|--|--|
| Brief description: homestead <u>30 E Wedgemere Circle The Woodlands, TX 77381</u> | <u>\$492,550.00</u> | <input checked="" type="checkbox"/> <u>\$94,864.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-.002</u> |
| Line from <i>Schedule A/B</i> : <u>1.1</u> | | | |
| Brief description: 2013 BMW 328i Convertible fair condition | <u>\$9,600.00</u> | <input checked="" type="checkbox"/> <u>\$4,730.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)</u> |
| Line from <i>Schedule A/B</i> : <u>3.1</u> | | | |

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 Robert Thomas Snell, Jr Case number (if known) 21-32204
 First Name Middle Name Last Name

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|--|---|
| Brief description: 2016 Kia Optima LS fair condition Line from Schedule A/B: <u>3.2</u> | <u>\$9,850.00</u> | <input checked="" type="checkbox"/> <u>\$4,805.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), <u>42.002(a)(9)</u> |
| Brief description: 2016 Ford Taurus SHO Line from Schedule A/B: <u>3.3</u> | <u>\$20,216.00</u> | <input checked="" type="checkbox"/> <u>\$20,216.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), <u>42.002(a)(9)</u> |
| Brief description: sterling silver flatware, non-filing spouse's separate property Line from Schedule A/B: <u>6</u> | <u>\$0.00</u> | <input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Fam. Code § 3.202, 11 U.S.C. § <u>541(c)(2)</u> |
| Brief description: yard /landscaping tools including gardening tools, roto tiller, edge trimmers, leaf blower, pressure washer Line from Schedule A/B: <u>6</u> | <u>\$320.00</u> | <input checked="" type="checkbox"/> <u>\$320.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), <u>42.002(a)(1)</u> |
| Brief description: miscellaneous items including bird clock, magazine rack, brass pot, candle stick holders, glass vase with silk flowers, potted fake plant, oriental rug, glassware, pottery, books figurines, antique sideboard, grandfather clock, brass umbrella stand Line from Schedule A/B: <u>6</u> | <u>\$125.00</u> | <input checked="" type="checkbox"/> <u>\$125.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), <u>42.002(a)(1)</u> |

Debtor 1 Robert Thomas Snell, Jr Case number (if known) 21-32204
 First Name Middle Name Last Name

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|---|---|
| Brief description: office supplies including letter organizer, computer disks, file folders, envelopes, wooden signs, stapler, staple remover, tape dispensers, business card holder, desktop framed photos, framed wall prints, tablets, briefcases, copy paper, brass weight, trash can, framed drawing, framed diploma house phones, office phone, calculators, filing cabinets, computer chair, rocking chair, desk, books, book case. | <u>\$87.50</u> | <input checked="" type="checkbox"/> <u>\$87.50</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Line from Schedule A/B: <u>6</u> | | | |
| Brief description: furniture pieces including cushion chairs, wood back chairs, square ottoman, wood table, antique organ chair, plastic round table | <u>\$430.00</u> | <input checked="" type="checkbox"/> <u>\$430.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Line from Schedule A/B: <u>6</u> | | | |
| Brief description: fishing/hunting/ camping and outdoor equipment including bug zapper, rods/reels, tackle box with lures/waders/etc., binoculars, ice chest, lanterns, outdoor cooking equipment, outdoor fan, outdoor light | <u>\$266.00</u> | <input checked="" type="checkbox"/> <u>\$266.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Line from Schedule A/B: <u>6</u> | | | |
| Brief description: patio set, storage chest, wicker furniture, stool, gas grill and pool equipment | <u>\$385.00</u> | <input checked="" type="checkbox"/> <u>\$385.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Line from Schedule A/B: <u>6</u> | | | |
| Brief description: wood box percussion instrument, wooden string instrument and guitar | <u>\$280.00</u> | <input checked="" type="checkbox"/> <u>\$280.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Line from Schedule A/B: <u>6</u> | | | |
| Brief description: mechanic/carpenter tools including ladders, hand tools and auto repair equipment | <u>\$205.00</u> | <input checked="" type="checkbox"/> <u>\$205.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Line from Schedule A/B: <u>6</u> | | | |

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) 21-32204
 First Name Middle Name Last Name

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|--|--|--|--|
| Brief description: items in bedroom #2 including hat boxes, pillow throws, duvet cover, pillow shams, wall clock, wood four poster bed, wood marble top plant stand, hope chest, tulip lamp, small chairs, folding table, wire hat stands and framed postes Line from Schedule A/B: <u>6</u> | \$375.00 | <input checked="" type="checkbox"/> \$375.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: items in bedroom #1 including bench, side tables, chair, duvet cover, pillow shams, iron bed, bookcase, lamp, lantern, clay angel, vessels, wicker baskets, quilt, throw pillows, framed posters Line from Schedule A/B: <u>6</u> | \$350.00 | <input checked="" type="checkbox"/> \$350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: items in attic including holiday decorations, wrapping ppper, bows, boxes, wreaths, suitcases, hang up bag, framed prints, drawings/photos, tax files and son's school belongings Line from Schedule A/B: <u>6</u> | \$130.00 | <input checked="" type="checkbox"/> \$130.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: kitchen wears and appliances including tables, chairs, coffee maker, slow cookers, knives, blender, bowls, dishes, platters, pitchers, sheet trays, chopping blocks, deep fryer, aprons, pans, refrigerator, stove, microwave, dish washer, and other decorative items Line from Schedule A/B: <u>6</u> | \$460.00 | <input checked="" type="checkbox"/> \$460.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: bar area items including bird houses, wine decanters, vases aerator, glasses, bbq tools, and misc bar and yard junk Line from Schedule A/B: <u>6</u> | \$254.00 | <input checked="" type="checkbox"/> \$254.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |

Debtor 1 Robert Thomas Snell, Jr Case number (if known) 21-32204
 First Name Middle Name Last Name

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|--|--|
| Brief description: household items in downstairs hallway and closet including framed poster, photo of painting framed needlepoint, vacuum, coin sorting machine, foot massager, jackets/coats, ski outfit Line from Schedule A/B: <u>6</u> | \$338.00 | <input checked="" type="checkbox"/> \$338.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: master suite items including jewelry chests, figurines, jewelry stands, bathroom scales, decorative items, humidifier, flat iron, sheets, pillows, alarm clock, bed, dresser, night stands, chest of drawers, TV cabinet, chair, lamps, stool, suitcases Line from Schedule A/B: <u>6</u> | \$185.00 | <input checked="" type="checkbox"/> \$185.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: upstairs great room items including brass gong, oriental doll puppets, brass hooka, wooden figurine, small chest, small desk, wicker baskets, books, plastic world globe, couch, coffee table, end table, throw pillows, humidifier, ottoman, wooden bowl, pictures, photos Line from Schedule A/B: <u>6</u> | \$692.00 | <input checked="" type="checkbox"/> \$692.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: dining area and living room area items including glass lanterns, table linens, figurines, lenox swan, bowls, platter, glass and pottery pumpkins, vase, tray, wall art, dining table and chairs, china cabinet, fish table, couch, coffee table, end tables, framed photos Line from Schedule A/B: <u>6</u> | \$250.00 | <input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: compact discs, 35 Line from Schedule A/B: <u>7</u> | \$14.00 | <input checked="" type="checkbox"/> \$14.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: dvds, 10 Line from Schedule A/B: <u>7</u> | \$15.00 | <input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |

Debtor 1 Robert Thomas Snell, Jr
 First Name Middle Name Last Name

Case number (if known) 21-32204

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|--|--|
| Brief description: camera Line from Schedule A/B: <u>7</u> | \$15.00 | <input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: camcorder, 1 Line from Schedule A/B: <u>7</u> | \$25.00 | <input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: television 1 Line from Schedule A/B: <u>7</u> | \$86.00 | <input checked="" type="checkbox"/> \$86.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: television 2 Line from Schedule A/B: <u>7</u> | \$23.00 | <input checked="" type="checkbox"/> \$23.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: television 3 Line from Schedule A/B: <u>7</u> | \$110.00 | <input checked="" type="checkbox"/> \$110.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: dvd player, 1 Line from Schedule A/B: <u>7</u> | \$55.00 | <input checked="" type="checkbox"/> \$55.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: personal computer Line from Schedule A/B: <u>7</u> | \$150.00 | <input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: stereo Line from Schedule A/B: <u>7</u> | \$54.00 | <input checked="" type="checkbox"/> \$54.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: telephone Line from Schedule A/B: <u>7</u> | \$20.00 | <input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |

Debtor 1 Robert Thomas Snell, Jr
 First Name Middle Name Last Name

Case number (if known) 21-32204

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|--|--|--|--|
| Brief description: cellular telephones, 3 Line from Schedule A/B: <u>7</u> | \$460.00 | <input checked="" type="checkbox"/> \$460.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: television 4 Line from Schedule A/B: <u>7</u> | \$406.00 | <input checked="" type="checkbox"/> \$406.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: VCR, 1 Line from Schedule A/B: <u>7</u> | \$85.00 | <input checked="" type="checkbox"/> \$85.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: cd player (3)/ipods Line from Schedule A/B: <u>7</u> | \$14.00 | <input checked="" type="checkbox"/> \$14.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: radios, 3 Line from Schedule A/B: <u>7</u> | \$45.00 | <input checked="" type="checkbox"/> \$45.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: multi- function fax/copier Line from Schedule A/B: <u>7</u> | \$125.00 | <input checked="" type="checkbox"/> \$125.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: golf clubs, golf equipment, exercise equipment, tennis equipment, scuba equipment, racquetball equipment, baseball equipment Line from Schedule A/B: <u>9</u> | \$321.00 | <input checked="" type="checkbox"/> \$321.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(8) |
| Brief description: sport equipment including football helmet, footballs, golf ball frame, and golf balls Line from Schedule A/B: <u>9</u> | \$30.09 | <input checked="" type="checkbox"/> \$30.09 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(8) |

Debtor 1 Robert Thomas Snell, Jr Case number (if known) 21-32204
 First Name Middle Name Last Name

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|--|---|
| Brief description: olympic kiln, kiln furniture, art glasses, and misc. art supplies -- under non-filing spouse's sole management and control used for her side business | \$2,000.00 | <input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Fam. Code § 3.202, 11 U.S.C. § 541(c)(2) |
| Line from Schedule A/B: <u>9</u> | | | |
| Brief description: Baretta 20 gauge shotgun; Baretta shooting gun | \$749.00 | <input checked="" type="checkbox"/> \$749.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(7) |
| Line from Schedule A/B: <u>10</u> | | | |
| Brief description: wearing apparel | \$360.00 | <input checked="" type="checkbox"/> \$360.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(5) |
| Line from Schedule A/B: <u>11</u> | | | |
| Brief description: wedding rings, 2 | \$1,100.00 | <input checked="" type="checkbox"/> \$1,100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(6) |
| Line from Schedule A/B: <u>12</u> | | | |
| Brief description: watches | \$215.00 | <input checked="" type="checkbox"/> \$215.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(6) |
| Line from Schedule A/B: <u>12</u> | | | |
| Brief description: bracelets, bangels, rings, necklaces, charms/pendants, brooches, and earrings - separate property of non-filing spouse | \$0.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Fam. Code § 3.202, 11 U.S.C. § 541(c)(2) |
| Line from Schedule A/B: <u>12</u> | | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(6) |
| Brief description: 2 dogs, 1 tortoise, and 1 fish; and related pet equipment | \$20.00 | <input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(11) |
| Line from Schedule A/B: <u>13</u> | | | |

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) 21-32204
 First Name Middle Name Last Name

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|---|--|
| Brief description: Fidelity Investments Simple-IRA Line from Schedule A/B: 21 | \$346.55 | <input checked="" type="checkbox"/> \$346.55 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code § 42.0021 _____ _____ 11 U.S.C. § 522(b)(3)(C) _____ _____ |
| Brief description: Charles Schwab Brokerage Line from Schedule A/B: 21 | \$301.50 | <input checked="" type="checkbox"/> \$301.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code § 42.0021 _____ _____ |
| Brief description: non-filing spouse is the beneficiary of 2 trusts--The Mary O. Sumrall 1996 Trust and The Mary O. Sumrall Charitable Remainder Unitrust No. 2--both are the separate property of the non-filing spouse and not property of the bankruptcy estate Line from Schedule A/B: 25 | unknown | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Fam. Code § 3.202, 11 U.S.C. § 541(c)(2) _____ _____ 11 U.S.C. § 541(c)(2) _____ _____ |
| Brief description: Snell Family Trust Line from Schedule A/B: 25 | \$0.00 | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 541(c)(2) _____ _____ |
| Brief description: social security (non-filing spouse) Line from Schedule A/B: 30 | \$715.00 | <input checked="" type="checkbox"/> \$715.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 42 U.S.C. § 407 _____ _____ |
| Brief description: social security (debtor) *starting Aug 2021 Line from Schedule A/B: 30 | \$2,522.50 | <input checked="" type="checkbox"/> \$2,522.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 42 U.S.C. § 407 _____ _____ |
| Brief description: Northwest Mutual Life (Whole) Total Death Benefit: \$172,257.00 Net death benefit after loan: \$86,493. Line from Schedule A/B: 31 | \$4,218.37 | <input checked="" type="checkbox"/> \$4,218.37 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Ins. Code §§ 1108.001, 1108.051 _____ _____ |

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) 21-32204

First Name Middle Name Last Name

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|--|--------------------------------------|
| Brief description: Prudential Life Insurance (Term) policy amount: \$601,000 | \$0.00 | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Ins. Code §§ 1108.001, 1108.051 |
| Line from Schedule A/B: <u>31</u> | | | |

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

IN RE: **Snell, Robert Thomas**CASE NO **21-32204**CHAPTER **Chapter 7****SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)****Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

| No. | Category | Gross Property Value | Total Encumbrances | Total Equity | Total Amount Exempt | Total Amount Non-Exempt |
|-----|--|-------------------------|-----------------------|--------------|------------------------|----------------------------|
| 1. | Real Estate | \$606,450.00 | \$458,253.30 | \$148,196.70 | \$94,864.00 | \$53,332.70 |
| 3. | Motor vehicle | \$39,666.00 | \$9,915.00 | \$29,751.00 | \$29,751.00 | \$0.00 |
| 4. | Watercraft, trailers, motors homes, and accessories | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 6. | Household goods and furnishings | \$5,132.50 | \$0.00 | \$5,132.50 | \$5,132.50 | \$0.00 |
| 7. | Electronics | \$1,702.00 | \$0.00 | \$1,702.00 | \$1,702.00 | \$0.00 |
| 8. | Collectibles of value | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 9. | Equipment for sports and hobbies | \$2,351.09 | \$0.00 | \$2,351.09 | \$2,351.09 | \$0.00 |
| 10. | Firearms | \$959.00 | \$0.00 | \$959.00 | \$749.00 | \$210.00 |
| 11. | Clothes | \$360.00 | \$0.00 | \$360.00 | \$360.00 | \$0.00 |
| 12. | Jewelry | \$1,315.00 | \$0.00 | \$1,315.00 | \$1,315.00 | \$0.00 |
| 13. | Nonfarm animals | \$20.00 | \$0.00 | \$20.00 | \$20.00 | \$0.00 |
| 14. | Other | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 16. | Cash | \$4.00 | \$0.00 | \$4.00 | \$0.00 | \$4.00 |
| 17. | Deposits of money | (\$1,726.77) | \$0.00 | \$123.90 | \$0.00 | \$123.90 |
| 18. | Bonds, mutual funds, or publicly traded stocks | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 19. | Business Interests, LLC's, Partnerships, Joint Ventures and Nonpublicly traded stock | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 20. | Bonds and other financial instruments | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 21. | Retirement or pension accounts | \$648.05 | \$0.00 | \$648.05 | \$648.05 | \$0.00 |
| 22. | Security deposits and prepayments | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 23. | Annuities | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 24. | Interest in a qualified education fund, such as an education IRA | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 25. | Trusts, equitable or future interests in property | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 26. | Copyrights, trademarks, websites and other intellectual property | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 27. | Licenses, Franchises, and other general intangibles | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 28. | Tax refunds | \$4,064.00 | \$0.00 | \$4,064.00 | \$0.00 | \$4,064.00 |
| 29. | Family support | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 30. | Other amounts owed to the debtor | \$3,237.50 | \$0.00 | \$3,237.50 | \$3,237.50 | \$0.00 |
| 31. | Insurance policies | \$4,218.37 | \$4,218.37 | \$0.00 | \$4,218.37 | (\$4,218.37) |
| 32. | Interest in property from deceased | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 33. | Claims against third parties | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

IN RE: **Snell, Robert Thomas**CASE NO **21-32204**CHAPTER **Chapter 7****SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)***Continuation Sheet #1***Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

| No. | Category | Gross Property Value | Total Encumbrances | Total Equity | Total Amount Exempt | Total Amount Non-Exempt |
|----------------|---|-------------------------|-----------------------|---------------------|------------------------|----------------------------|
| 34. | All other claims, includes contingent/unliquidated claims, counter claims, and creditor set offs | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 35. | Other financial asset | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 38. | Accounts receivable | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 39. | Office equipment, furnishings, and supplies | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 40. | Machinery, fixtures and equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 41. | Inventory | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 42. | Interests in partnerships or joint ventures | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 43. | Customer lists | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 44. | Other businessrelated property | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 47. | Farm animals | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 48. | Crops | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 49. | Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 50. | Supplies | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 51. | Other farm or fishing related property | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 53. | Other Assets | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TOTALS: | | \$668,400.74 | \$472,386.67 | \$197,864.74 | \$144,348.51 | \$57,734.60 |

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

IN RE: **Snell, Robert Thomas**CASE NO **21-32204**CHAPTER **Chapter 7****SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)***Continuation Sheet #2***Surrendered Property:**

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder

| Property Description | Market Value | Lien | Equity |
|---------------------------------|--------------|--------|--------|
| <u>Real Property</u> | | | |
| (None) | | | |
| <u>Personal Property</u> | | | |
| (None) | | | |
| TOTALS: | \$0.00 | \$0.00 | \$0.00 |

Non-exempt Property by Item:

The following property, or a portion thereof, is non-exempt.

| Property Description | Market Value | Lien | Equity | Non-Exempt Amount |
|---|--------------|--------------|--------------|-------------------|
| <u>Real Property</u> | | | | |
| Florida condo 5240 Eaglesmere Dr Unit 1-C07-1 Orlando, FL 32819 | \$113,900.00 | \$60,567.30 | \$53,332.70 | \$53,332.70 |
| <u>Personal Property</u> | | | | |
| Cash | \$4.00 | | \$4.00 | \$4.00 |
| BBVA, Joint (8543) Checking account | \$63.04 | | \$63.04 | \$63.04 |
| small Rimfire 22 rifle for teenager | \$80.00 | | \$80.00 | \$80.00 |
| Weatherby 12 gauge shotgun | \$130.00 | | \$130.00 | \$130.00 |
| Venmo | \$37.50 | | \$37.50 | \$37.50 |
| Other financial account | | | | |
| Bank of America, business checking (8920) Checking account | \$23.36 | | \$23.36 | \$23.36 |
| anticipated tax refund (\$7,664) of which (\$3,600) is due to a Recovery Rebate Credit that is not property of the bankruptcy estate Federal tax | \$4,064.00 | | \$4,064.00 | \$4,064.00 |
| TOTALS: | \$668,400.74 | \$472,386.67 | \$197,864.74 | \$57,734.60 |

| Summary | |
|--|---------------------|
| A. Gross Property Value (not including surrendered property) | \$668,400.74 |
| B. Gross Property Value of Surrendered Property | \$0.00 |
| C. Total Gross Property Value (A+B) | \$668,400.74 |
| D. Gross Amount of Encumbrances (not including surrendered property) | \$472,386.67 |
| E. Gross Amount of Encumbrances on Surrendered Property | \$0.00 |
| F. Total Gross Encumbrances (D+E) | \$472,386.67 |
| G. Total Equity (not including surrendered property) / (A-D) | \$197,864.74 |
| H. Total Equity in surrendered items (B-E) | \$0.00 |
| I. Total Equity (C-F) | \$197,864.74 |
| J. Total Exemptions Claimed | \$144,348.51 |
| K. Total Non-Exempt Property Remaining (G-J) | \$57,734.60 |

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|---------------|------------------|
| Debtor 1 | <u>Robert</u> | <u>Thomas</u> | <u>Snell, Jr</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u>21-32204</u> | | |

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|--|--|--|
| \$397,686.00 | \$492,550.00 | \$0.00 |

2.1 BBVA Compass

Creditor's Name

Attn: Bankruptcy

PO Box 10566

Number Street

Birmingham, AL 35296

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred

3/1/2017

Describe the property that secures the claim:

homestead

30 E Wedgemere Circle The Woodlands, TX 77381

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset)Last 4 digits of account number 4 0 7 9

Add the dollar value of your entries in Column A on this page. Write that number here:

\$397,686.00

Debtor 1 **Robert Thomas Snell, Jr** Case number (if known) 21-32204
 First Name Middle Name Last Name

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Column C

Unsecured portion If any

2.2 BMW Financial Services

Creditor's Name

P.O Box 3608

Number Street

Dublin, OH 43016

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred

12/1/2016

Describe the property that secures the claim:

2013 BMW 328i Convertible
fair condition

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Last 4 digits of account number 4 1 1 2

\$4,870.00

\$9,600.00

\$0.00

2.3 Membersource Credit Un

Creditor's Name

10100 Richmond

Number Street

Houston, TX 77042

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred

5/1/2017

Describe the property that secures the claim:

2016 Kia Optima LS
fair condition

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Last 4 digits of account number 0 1 4 4

\$5,045.00

\$9,850.00

\$0.00

Remarks: 3.89% contract interest rate

Add the dollar value of your entries in Column A on this page. Write that number here:

\$9,915.00

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) 21-32204
 First Name Middle Name Last Name

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Column C

Unsecured portion If any

2.4

Northwestern Mutual

Creditor's Name

PO Box 88243

Number Street

Milwaukee, WI 53288-0243

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred

Describe the property that secures the claim:

Northwest Mutual Life (Whole) Total Death Benefit: \$172,257.00 Net death benefit after loan: \$86,493.

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset)

Last 4 digits of account number 0 . 9 6

\$85,496.61

\$4,218.37

\$81,278.24

Remarks: 8% contract interest rate

2.5

Wells Fargo Home Mortgage

Creditor's Name

Po Box 10335

Number Street

Des Moines, IA 50306

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred

8/1/2008

Describe the property that secures the claim:

Florida condo
5240 Eaglesmere Dr Unit 1-C07-1 Orlando, FL 32819

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset)

Last 4 digits of account number 9 0 0 4

\$60,567.30

\$113,900.00

\$0.00

Remarks: loan in forbearance; sister-in-law living here--potential buyer

Add the dollar value of your entries in Column A on this page. Write that number here:

\$146,063.91

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) 21-32204

First Name Middle Name Last Name

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral

that supports this claim

Column C

Unsecured

portion If any

2.5

Wells Fargo Home Mortgage (arrearage)

Creditor's Name

Po Box 10335

Number Street

Des Moines, IA 50306

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred

8/1/2008

Describe the property that secures the claim:

Florida condo

5240 Eaglesmere Dr Unit 1-C07-1 Orlando, FL 32819

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset)

Last 4 digits of account number 9 0 0 4

\$7,742.92

\$113,900.00

\$0.00

Remarks: loan in forbearance; sister-in-law living here--potential buyer

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$553,664.91

Debtor 1 Robert Thomas Snell, Jr
 First Name Middle Name Last Name

Case number (if known) 21-32204

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

American Express

Nonpriority Creditor's Name

PO Box 981535

Number Street

El Paso, TX 79998

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Remarks: business debt

Last 4 digits of account number 4008

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

Total claim

\$1.00

4.2

American Express

Nonpriority Creditor's Name

PO Box 981535

Number Street

El Paso, TX 79998

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Remarks: business debt

Last 4 digits of account number 7004

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

\$1.00

Debtor 1 Robert Thomas Snell, Jr
 First Name Middle Name Last Name

Case number (if known) 21-32204

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | | Total claim |
|--|--|--|--------------------|
| 4.3 | <p>Amex Nonpriority Creditor's Name Correspondence/Bankruptcy PO Box 981540 Number Street El Paso, TX 79998-1540 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: business debt</p> | <p>Last 4 digits of account number <u>6733</u></p> <p>When was the debt incurred? <u>11/01/1989</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p> | \$33,447.00 |
| 4.4 | <p>Amex Nonpriority Creditor's Name Correspondence/Bankruptcy PO Box 981540 Number Street El Paso, TX 79998-1540 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: business debt</p> | <p>Last 4 digits of account number <u>9173</u></p> <p>When was the debt incurred? <u>02/01/1989</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p> | \$3,493.00 |

Debtor 1 Robert Thomas Snell, Jr
 First Name Middle Name Last Name

Case number (if known) 21-32204

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|--|--|
| 4.5 | <p>Amur Equipment Finance, Inc. Nonpriority Creditor's Name PO Box 2555 Number Street Grand Island, NE 68801 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: business debt</p> | <p>Last 4 digits of account number <u>9007</u></p> <p>When was the debt incurred? <u>05/25/2021</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify PPP loan</p> <p>\$4,500.00</p> |
| 4.6 | <p>Baylor St Lukes Medical Group Nonpriority Creditor's Name 17200 St Lukes Way Number Street Spring, TX 77384 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>7254</u></p> <p>When was the debt incurred? <u>09/09/2019</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill</p> <p>\$300.98</p> |

Debtor 1 **Robert** **Thomas** **Snell, Jr**
 First Name Middle Name Last Name

Case number (if known) **21-32204**

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | | Total claim |
|--|--|---|--------------------|
| 4.7 | BBVA Nonpriority Creditor's Name PO Box 192 Number Street Birmingham, AL 35201 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 8173 When was the debt incurred? 09/01/2017 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify other | \$6,507.11 |
| 4.8 | BBVA (Quaker) Nonpriority Creditor's Name PO. Box 10566 Number Street Birmingham, AL 35296 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: 9845 | Last 4 digits of account number 1106 When was the debt incurred? 07/01/2006 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify line of credit | \$74,969.77 |

Debtor 1 Robert Thomas Snell, Jr
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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|--|---|
| 4.9 | <p>BBVA Compass Nonpriority Creditor's Name Attn: Bankruptcy PO Box 10566 Number Street Birmingham, AL 35296 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>2551</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p> <p>\$2,994.86</p> |
| 4.10 | <p>BBVA Compass Nonpriority Creditor's Name Attn: Bankruptcy PO Box 10566 Number Street Birmingham, AL 35296 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>5200</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p> <p>\$12,565.51</p> |
| 4.11 | <p>BBVA Compass Nonpriority Creditor's Name Attn: Bankruptcy PO Box 10566 Number Street Birmingham, AL 35296 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>6302</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p> <p>\$55.84</p> |

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|--|--|
| 4.12 | <p>Celtic Bank Corporation Nonpriority Creditor's Name <u>c/o BlueVine</u> 401 Warren Street Number Street <u>Redwood City, CA 94063</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: business debt</p> | <p>Last 4 digits of account number <u>7807</u></p> <p>When was the debt incurred? <u>05/22/2020</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify PPP loan</p> <p>\$46,437.00</p> |
| 4.13 | <p>Chase Card Services Nonpriority Creditor's Name Attn: Bankruptcy PO Box 15298 Number Street Wilmington, DE 19850-5298 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>4498</u></p> <p>When was the debt incurred? <u>08/01/2001</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p> <p>\$25,829.00</p> |

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|--|--|
| 4.14 | <p>Chase Card Services Nonpriority Creditor's Name Attn: Bankruptcy PO Box 15298 Number Street Wilmington, DE 19850-5298 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: business debt</p> | <p>Last 4 digits of account number <u>0401</u></p> <p>When was the debt incurred? <u>09/01/2010</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p> <p>\$23,714.00</p> |
| 4.15 | <p>Chase Card Services Nonpriority Creditor's Name Attn: Bankruptcy PO Box 15298 Number Street Wilmington, DE 19850-5298 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: business debt</p> | <p>Last 4 digits of account number <u>5552</u></p> <p>When was the debt incurred? <u>12/01/2011</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p> <p>\$20,586.00</p> |

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim | |
|--|--|--|--------------------|
| 4.16 | <p>Chase Card Services Nonpriority Creditor's Name Attn: Bankruptcy PO Box 15298 Number Street Wilmington, DE 19850-5298 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>6172</u></p> <p>When was the debt incurred? <u>07/01/2010</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p> | \$10,324.00 |
| 4.17 | <p>Chase Card Services Nonpriority Creditor's Name Attn: Bankruptcy PO Box 15298 Number Street Wilmington, DE 19850-5298 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>7682</u></p> <p>When was the debt incurred? <u>02/01/2016</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p> | \$3,666.00 |
| 4.18 | <p>CHI St Lukes Health Center Nonpriority Creditor's Name 17200 St Lukes Way Number Street The Woodlands, TX 77384 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>2734</u></p> <p>When was the debt incurred? <u>09/02/2019</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill</p> | \$4,685.43 |

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim | |
|--|--|---|-------------------|
| 4.19 | <p>Citi Cards</p> <p>Nonpriority Creditor's Name</p> <p>PO Box 78045</p> <p>Number Street</p> <p>Phoenix, AZ 85062</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>8837</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p> | <u>\$1.00</u> |
| 4.20 | <p>Citi Cards</p> <p>Nonpriority Creditor's Name</p> <p>PO Box 78045</p> <p>Number Street</p> <p>Phoenix, AZ 85062</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>5328</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p> | <u>\$2,177.48</u> |
| 4.21 | <p>Citibank NA ExxonMobil (Quaker)</p> <p>Nonpriority Creditor's Name</p> <p>PO Box 461210</p> <p>Number Street</p> <p>Bedford Heights, OH 44146</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>6471</u></p> <p>When was the debt incurred? <u>06/01/2008</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify credit card</p> | <u>\$403.52</u> |

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | | Total claim |
|--|---|---|--------------------|
| 4.22 | Citibank Shell Nonpriority Creditor's Name PO Box 790040 Number Street St. Louis, MO 63179 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>9715</u> When was the debt incurred? <u>12/01/2020</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify credit card | <u>\$368.46</u> |
| 4.23 | Direct Loans Nonpriority Creditor's Name PO Box 9003 Number Street Niagara Falls, NY 14302 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>2001</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Student Loans | <u>\$23,988.00</u> |
| 4.24 | JK Dentistry Nonpriority Creditor's Name 123 Research Forest Number Street Spring, TX 77382 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>3466</u> When was the debt incurred? <u>01/25/2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill | <u>\$5,503.00</u> |

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | | Total claim |
|--|--|--|--------------------|
| 4.25 | <p>JP Morgan Chase Bank NA Nonpriority Creditor's Name PO Box 17230 Number Street Wilmington, DE 19850 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>6712</u></p> <p>When was the debt incurred? <u>07/01/2010</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify credit card</p> | <u>\$10,324.00</u> |
| 4.26 | <p>Kathryn Kaye Nonpriority Creditor's Name 400 Elysian Fields Number Street Lafayette, LA 70508 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>1958</u></p> <p>When was the debt incurred? <u>01/05/2021</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify personal loan</p> | <u>\$30,000.00</u> |
| 4.27 | <p>Kathryn Kaye Nonpriority Creditor's Name 400 Elysian Fields Number Street Lafayette, LA 70508 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>1958</u></p> <p>When was the debt incurred? <u>02/05/2020</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify personal loan</p> | <u>\$30,000.00</u> |

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|---|--|
| 4.28 | <p>Laboratory Corporation of America Nonpriority Creditor's Name PO Box 2240 Number Street Burlington, NC 27216 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>6624</u></p> <p>When was the debt incurred? <u>01/08/2020</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill</p> |
| 4.29 | <p>Lendclub Bnk Nonpriority Creditor's Name Attn: Bankruptcy Attn: Bankruptcy 595 Market Street , Suite 200 Number Street San Francisco, CA 94105 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>3239</u></p> <p>When was the debt incurred? <u>01/01/2018</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured</p> |

Debtor 1 Robert Thomas Snell, Jr
 First Name Middle Name Last Name

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|--|--|
| 4.30 | <p>Lending Club Nonpriority Creditor's Name <u>215 South State Street Suite 100</u> Number Street <u>Salt Lake City, UT 84111</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: duplicate</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify personal loan</p> <p>\$1.00</p> |
| 4.31 | <p>Midland Fund Nonpriority Creditor's Name <u>Attn: Bankruptcy Attn: Bankruptcy</u> <u>350 Camino De La Reine , Suite 100</u> Number Street <u>San Diego, CA 92108</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: Original Creditor: Citibank N.A</p> | <p>Last 4 digits of account number <u>8704</u></p> <p>When was the debt incurred? <u>10/01/2020</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify FactoringCompanyAccount</p> <p>\$2,518.00</p> |

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|--|--|
| 4.32 | <p>Mohela Nonpriority Creditor's Name 633 Spirit Drive Number Street Chesterfield, MO 63005 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: possible duplicate</p> | <p>Last 4 digits of account number <u>1540</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Student Loans</p> <p>\$23,541.15</p> |
| 4.33 | <p>Mohela Nonpriority Creditor's Name 633 Spirit Drive Number Street Chesterfield, MO 63005 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: possible duplicate</p> | <p>Last 4 digits of account number <u>1540</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Student Loans</p> <p>\$20,680.00</p> |

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|--|---|
| 4.34 | <p>Mohela Nonpriority Creditor's Name 633 Spirit Drive Number Street Chesterfield, MO 63005 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: possible duplicate</p> | <p>Last 4 digits of account number <u>1540</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Student Loans</p> <p>\$20,988.00</p> |
| 4.35 | <p>Mohela Nonpriority Creditor's Name 633 Spirit Drive Number Street Chesterfield, MO 63005 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: possible duplicate</p> | <p>Last 4 digits of account number <u>1540</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Student Loans</p> <p>\$22,541.15</p> |

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|---|---|
| 4.36 | <p>MOHELA Nonpriority Creditor's Name Attn: Bankruptcy 633 Spirit Drive Number Street Chesterfield, MO 63005-1243 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>0001</u></p> <p>When was the debt incurred? <u>08/01/2017</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Educational</p> |
| 4.37 | <p>MOHELA Nonpriority Creditor's Name Attn: Bankruptcy 633 Spirit Drive Number Street Chesterfield, MO 63005-1243 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>0002</u></p> <p>When was the debt incurred? <u>08/01/2018</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Educational</p> |
| 4.38 | <p>MOHELA Nonpriority Creditor's Name Attn: Bankruptcy 633 Spirit Drive Number Street Chesterfield, MO 63005-1243 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>0003</u></p> <p>When was the debt incurred? <u>09/01/2019</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Educational</p> |

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim | |
|--|---|---|-----------------|
| 4.39 | <p>Newegg Inc. Nonpriority Creditor's Name <u>18045 Rowland St.</u> Number Street <u>Rowland Heights, CA 91748</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>1137</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify</p> | <u>\$1.00</u> |
| 4.40 | <p>Radiology Partners Houston Nonpriority Creditor's Name <u>P.O. Box 208108</u> Number Street <u>Dallas, TX 75320</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>3524</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill</p> | <u>\$287.96</u> |
| 4.41 | <p>Regency Health Services Nonpriority Creditor's Name <u>4650 S. Panther Creek Drive</u> Number Street <u>Spring, TX 77381</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>1272</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill</p> | <u>\$613.81</u> |

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim | |
|--|---|---|-------------------|
| 4.42 | <p>Singleton Associates pa Nonpriority Creditor's Name PO Box 887 Number Street Arlington, TX 76004 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>3603</u></p> <p>When was the debt incurred? <u>03/25/2020</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill</p> | <u>\$44.58</u> |
| 4.43 | <p>Singleton Associates pa Nonpriority Creditor's Name PO Box 4346 Number Street Houston, TX 77210 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>6797</u></p> <p>When was the debt incurred? <u>04/15/2020</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill</p> | <u>\$170.82</u> |
| 4.44 | <p>St Lukes Hospital The Woodlands Nonpriority Creditor's Name 17200 St Lukes Way Number Street The Woodlands, TX 77384 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>5444</u></p> <p>When was the debt incurred? <u>09/02/2019</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill</p> | <u>\$4,685.43</u> |

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|---|---|
| 4.45 | <p>Synchrony Bank/Amazon Nonpriority Creditor's Name Attn: Bankruptcy Dept PO Box 965060 Number Street Orlando, FL 32896 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>6599</u> \$1,049.00</p> <p>When was the debt incurred? <u>04/01/2018</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify ChargeAccount</p> |
| 4.46 | <p>Synchrony Bank/Care Credit Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965060 Number Street Orlando, FL 32896-5060 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>3490</u> \$9,830.00</p> <p>When was the debt incurred? <u>05/01/2016</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify ChargeAccount</p> |
| 4.47 | <p>Synchrony Bank/Chevron Nonpriority Creditor's Name Attn: Bankruptcy Dept PO Box 965060 Number Street Orlando, FL 32896 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>1394</u> \$280.00</p> <p>When was the debt incurred? <u>06/01/1996</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify ChargeAccount</p> |

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim | |
|--|---|---|-------------------|
| 4.48 | <p>Synchrony Bank/Gap Nonpriority Creditor's Name Post Office Box 965003 Number Street Orlando, FL 32896-5003 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>6149</u></p> <p>When was the debt incurred? <u>05/01/2011</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p> | <u>\$2,249.00</u> |
| 4.49 | <p>Upstart Nonpriority Creditor's Name Upstart Operations/ Attn:Bankruptcy PO Box 1503 Number Street San Carlos, CA 94070 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>9267</u></p> <p>When was the debt incurred? <u>04/01/2019</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured</p> | <u>\$9,598.00</u> |
| 4.50 | <p>US Anesthesia Partners Nonpriority Creditor's Name PO Box 505 Number Street Linden, MI 48541 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>1122</u></p> <p>When was the debt incurred? <u>06/09/2020</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill</p> | <u>\$329.78</u> |

Debtor 1 Robert Thomas Snell, Jr
 First Name Middle Name Last Name

Case number (if known) 21-32204

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim | |
|--|---|---|-------------------|
| 4.51 | <p>US Department of Education Nonpriority Creditor's Name Attn: Bankruptcy PO Box 7860 Number Street Madison, WI 53707-7860 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Student Loans</p> | \$7,500.00 |
| 4.52 | <p>US Department of Education Nonpriority Creditor's Name Attn: Bankruptcy PO Box 7860 Number Street Madison, WI 53707-7860 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Student Loans</p> | \$2,500.00 |
| 4.53 | <p>US Department of Education Nonpriority Creditor's Name Attn: Bankruptcy PO Box 7860 Number Street Madison, WI 53707-7860 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Student Loans</p> | \$7,500.00 |

Debtor 1 Robert Thomas Snell, Jr
 First Name Middle Name Last Name

Case number (if known) 21-32204

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|---|--|
| 4.54 | <p>US Department of Education Nonpriority Creditor's Name Attn: Bankruptcy PO Box 7860 Number Street Madison, WI 53707-7860 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$1,500.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Student Loans</p> |
| 4.55 | <p>US Department of Education Nonpriority Creditor's Name Attn: Bankruptcy PO Box 7860 Number Street Madison, WI 53707-7860 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>1000</u> unknown</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Student Loans</p> |
| 4.56 | <p>WebBank Nonpriority Creditor's Name 215 South State Street Suite 1000 Number Street Salt Lake City, UT 84111 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$15,351.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify personal loan</p> |

Debtor 1 Robert Thomas Snell, Jr
 First Name Middle Name Last Name

Case number (if known) 21-32204

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Synchrony Bank - Care Credit

Name

Po Box 960061

Number Street

Orlando, FL 32896-0061

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.46 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Amazon (Synchrony Bank)

Name

POB 960013

Number Street

Orlando, FL 32896

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.45 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

American Express National Bank

Name

PO Box 981534

Number Street

El Paso, TX 79998

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

American Express National Bank

Name

PO Box 297879

Number Street

Fort Lauderdale, FL 33329

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

ARSI

Name

555 St. Charles Drive, Suite 110

Number Street

Thousand Oaks, CA 91360

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

BBA Collections and Recovery

Name

PO Box 10566

Number Street

Birmingham, AL 35296

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

BBVA

Name

PO Box 10566

Number Street

Birmingham, AL 35296

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Debtor 1 Robert Thomas Snell, Jr Case number (if known) 21-32204
 First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page

| | |
|---|--|
| Capital Accounts Name <u>PO Box 140065</u> Number Street <u>Nashville, TN 37214</u> City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.24</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |
| Chase Bank Name <u>PO Box 15548</u> Number Street <u>Wilmington, DE 19886</u> City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.14</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |
| Chevron Synchrony Bank Visa Name <u>PO Box 530950</u> Number Street <u>Atlanta, GA 30353</u> City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.47</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |
| Client Services, Inc. Name <u>3451 Harry S. Truman Blvd</u> Number Street <u>Saint Charles, MO 63301-4047</u> City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.48</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |
| Credit Systems International Name <u>PO Box 1088</u> Number Street <u>Arlington, TX 76004</u> City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.42</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |
| Direct Loans Name <u>PO Box 9003</u> Number Street <u>Niagara Falls, NY 14302</u> City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.34</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |
| First Source Advantage, LLC Name <u>205 Bryant Woods S</u> Number Street <u>Buffalo, NY 14228-3609</u> City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.45</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |

Debtor 1 Robert Thomas Snell, Jr Case number (if known) 21-32204
 First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page

| | |
|--|--|
| FMA Alliance Name PO Box 2409 Number Street Houston, TX 77252 City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.29</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |
| FMA Alliance. Ltd Name 12339 Cutten Road Number Street Houston, TX 77066 City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.49</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |
| GSB Inc Name PO Box 641579 Number Street Omaha, NE 68164 City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.6</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |
| GSB Inc. Name 10303 Crown Point Ave. Se 210 Number Street Omaha, NE 68134 City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.44</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |
| JP Morgan Chase Bank NA Name PO Box 17230 Number Street Wilmington, DE 19850 City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.13</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |
| JP Morgan Chase Bank NA Name PO Box 17230 Number Street Wilmington, DE 19850 City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.17</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |
| LCA Collections Name PO Box 2240 Number Street Burlington, NC 27216 City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.28</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |

Debtor 1 Robert Thomas Snell, Jr Case number (if known) 21-32204
 First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page

Lending Club Corp/ Web Bank- Union Bank N.A

Name
PO Box 4115
 Number Street
Concord, CA 94524
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

MB & W

Name
2600 Cannon Road
 Number Street
Cleveland, OH 44146
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Mohela

Name
633 Spirit Drive
 Number Street
Chesterfield, MO 63005
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Moss Law Firm PC

Name
4010 82nd Street
 Number Street
Lubbock, TX 79464
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.25 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Moss Law Firm, P.C.

Name
4010 82nd Street, Ste 230, PO Box 65020
 Number Street
Lubbock, TX 866-263-0515
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Moss Law Firm, P.C.

Name
4010 82nd Street, Ste 230, PO Box 65020
 Number Street
Lubbock, TX 866-263-0515
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Moss Law Firm, P.C.

Name
c/o Joshua W. Ford
PO Box 65020
 Number Street
Lubbock, TX 79464
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6172

Debtor 1 Robert Thomas Snell, Jr Case number (if known) 21-32204
 First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page

| | |
|---|--|
| Moss Law Firm, P.C. Name 4010 82nd Street, Ste 230, PO Box 65020 Number Street Lubbock, TX 866-263-0515 City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.17</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |
| MRS BPO LLC Name 1930 Olney Ave Number Street Cherry Hill Ave., NJ 08003 City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.46</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |
| Nationwide Credit, Inc. Name Po Box 15130 Number Street Wilmington, DE 19850-5130 City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.47</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |
| Resurgent Acquisitions LLC Name 55 Beattie Place, Ste 110 Number Street Greenville, SC 29601 City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.22</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |
| RMP Services LLC Name PO Box 630844 Number Street Cincinnati, OH 45263 City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.18</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |
| Synchrony Bank PayPal/Mastercard Name PO Box 965004 Number Street Orlando, FL 32896 City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.48</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |
| Synerprise Consulting Services Name 2809 Regal Road Ste 107 Number Street Plano, TX 75075 City State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.50</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ |

Debtor 1 Robert Thomas Snell, Jr Case number (if known) 21-32204
 First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page

The DeGrasse Law Firm, PC

Name

c/o Donald D DeGrasse

1800 Bering Dr. Ste 1000

Number Street

Houston, TX 77057

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

The DeGrasse Law Firm, PC

Name

c/o Donald D DeGrasse

1800 Bering Dr. Ste 1000

Number Street

Houston, TX 77057

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Debtor 1 Robert Thomas Snell, Jr Case number (if known) 21-32204
 First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | Total claim |
|--------------------------|---|---------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. <u>\$0.00</u> |
| | 6b. Taxes and certain other debts you owe the government | 6b. <u>\$0.00</u> |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. <u>\$0.00</u> |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + <u>\$0.00</u> |
| | 6e. Total. Add lines 6a through 6d. | 6e. <u>\$0.00</u> |

| | | Total claim |
|--------------------------|---|---------------------------|
| Total claims from Part 2 | 6f. Student loans | 6f. <u>\$68,651.00</u> |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. <u>\$0.00</u> |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. <u>\$0.00</u> |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + <u>\$535,763.63</u> |
| | 6j. Total. Add lines 6f through 6i. | 6j. <u>\$604,414.63</u> |

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|---------------|------------------|
| Debtor 1 | <u>Robert</u> | <u>Thomas</u> | <u>Snell, Jr</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u>21-32204</u> | | |

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease | State what the contract or lease is for |
|-----|---|---|
| 2.1 | _____ Name _____ Number Street _____ City State ZIP Code | |
| 2.2 | _____ Name _____ Number Street _____ City State ZIP Code | |
| 2.3 | _____ Name _____ Number Street _____ City State ZIP Code | |
| 2.4 | _____ Name _____ Number Street _____ City State ZIP Code | |

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|---------------|------------------|
| Debtor 1 | <u>Robert</u> | <u>Thomas</u> | <u>Snell, Jr</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u>21-32204</u> | | |

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

☐ No. Go to line 3.

☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☒ Yes. In which community state or territory did you live? Texas. Fill in the name and current address of that person.

Snell, Mary Okeefe

Name of your spouse, former spouse, or legal equivalent

30 East Wedgemere Circle

Number Street

Spring, TX 77381

City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Snell III, Robert

Name

30 East Wedgemere Circle

Number Street

Spring, TX 77381

City State ZIP Code

☒ Schedule D, line 2.3
☐ Schedule E/F, line _____

☐ Schedule G, line _____

3.2

Snell, Mary Okeefe

Name

30 East Wedgemere Circle

Number Street

The Woodlands, TX 77381

City State ZIP Code

☒ Schedule D, line 2.1, 2.2, 2.5
☐ Schedule E/F, line _____

☐ Schedule G, line _____

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|---------------|------------------|
| Debtor 1 | <u>Robert</u> | <u>Thomas</u> | <u>Snell, Jr</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u>21-32204</u> | | |

Check if this is:

☐ An amended filing☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

☐ Employed ☒ Not Employed

Occupation

Employer's name

Employer's address

Number Street

City

State

Zip Code

How long employed there?

Debtor 2 or non-filing spouse

☐ Employed ☒ Not Employed

Number Street

City

State

Zip Code

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

3. **Estimate and list monthly overtime pay.**

4. **Calculate gross income.** Add line 2 + line 3.

For Debtor 1

For Debtor 2 or
non-filing spouse2. \$0.00 \$0.003. + \$0.00 + \$0.004. \$0.00 \$0.00

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) 21-32204
 First Name Middle Name Last Name

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|----------------|-----------------------------------|
| Copy line 4 here.....→ | 4. \$0.00 | \$0.00 |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$0.00 | \$0.00 |
| 5b. Mandatory contributions for retirement plans | 5b. \$0.00 | \$0.00 |
| 5c. Voluntary contributions for retirement plans | 5c. \$0.00 | \$0.00 |
| 5d. Required repayments of retirement fund loans | 5d. \$0.00 | \$0.00 |
| 5e. Insurance | 5e. \$0.00 | \$0.00 |
| 5f. Domestic support obligations | 5f. \$0.00 | \$0.00 |
| 5g. Union dues | 5g. \$0.00 | \$0.00 |
| 5h. Other deductions. Specify: _____ | 5h. + \$0.00 | + \$0.00 |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. \$0.00 | \$0.00 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$0.00 | \$0.00 |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$0.00 | \$0.00 |
| 8b. Interest and dividends | 8b. \$0.00 | \$0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$0.00 | \$0.00 |
| 8d. Unemployment compensation | 8d. \$2,032.18 | \$0.00 |
| 8e. Social Security | 8e. \$2,522.50 | \$715.00 |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. \$0.00 | \$0.00 |
| 8g. Pension or retirement income | 8g. \$0.00 | \$0.00 |
| 8h. Other monthly income. Specify: <u>See additional page</u> | 8h. + \$0.00 | + \$2,684.50 |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. \$4,554.68 | \$3,399.50 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse | 10. \$4,554.68 | \$3,399.50 |
| 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____ | 11. + \$0.00 | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies | 12. \$7,954.18 | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: Debtor looking for employment. Unemployment ending soon. Non-filing spouse makes art projects and sells them but usually just breaks even. Part sole-proprietorship/part hobby for non-filing spouse. Starting Aug 2021, debtor will receive social security at age 65. | | |

Debtor 1 Robert Thomas Snell, Jr
 First Name Middle Name Last Name

Case number (if known) 21-32204

| | | Amount |
|---|--|------------|
| 8h. Other monthly income For Debtor 1 | | |
| Anticipated Income | | \$0.00 |
| 8h. Other monthly income For Debtor 2 or non-filing spouse | | |
| non-filing spouse's trust disbursements | | \$2,684.50 |

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) 21-32204
 First Name Middle Name Last Name

8a. Attached Statement

Art Projects (stained glass) by Non-Filing Spouse

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income: \$100.00

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Ordinary and necessary expense \$0.00

3. Net Employee Payroll (Other than debtor) \$0.00

4. Payroll Taxes \$0.00

5. Unemployment Taxes \$0.00

6. Worker's Compensation \$0.00

7. Other Taxes \$0.00

8. Inventory Purchases (Including raw materials) \$100.00

9. Purchase of Feed/Fertilizer/Seed/Spray \$0.00

10. Rent (Other than debtor's principal residence) \$0.00

11. Utilities \$0.00

12. Office Expenses and Supplies \$0.00

13. Repairs and Maintenance \$0.00

14. Vehicle Expenses \$0.00

15. Travel and Entertainment \$0.00

16. Equipment Rental and Leases \$0.00

17. Legal/Accounting/Other Professional Fees \$0.00

18. Insurance \$0.00

19. Employee Benefits (e.g., pension, medical, etc.) \$0.00

20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts

TOTAL PAYMENTS TO SECURED CREDITORS \$0.00

21. Other Expenses

TOTAL OTHER EXPENSES \$0.00

22. TOTAL MONTHLY EXPENSES(Add item 2 - 21) \$100.00

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1) \$0.00

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|---------------|------------------|
| Debtor 1 | <u>Robert</u> | <u>Thomas</u> | <u>Snell, Jr</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u>21-32204</u> | | |

Check if this is:

☐ An amended filing☐ A supplement showing postpetition chapter 13 income as of the following date:MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate household?☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child22☐ No. ☒ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$3,250.31

If not included in line 4:

4a. Real estate taxes

4a. \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$150.00

4d. Homeowner's association or condominium dues

4d. \$0.00

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) 21-32204
 First Name Middle Name Last Name

| | | Your expenses |
|------|--|---------------|
| 5. | Additional mortgage payments for your residence , such as home equity loans | 5. \$0.00 |
| 6. | Utilities: | |
| 6a. | Electricity, heat, natural gas | 6a. \$606.00 |
| 6b. | Water, sewer, garbage collection | 6b. \$145.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. \$293.00 |
| 6d. | Other. Specify: _____ | 6d. \$0.00 |
| 7. | Food and housekeeping supplies | 7. \$800.00 |
| 8. | Childcare and children's education costs | 8. \$0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. \$100.00 |
| 10. | Personal care products and services | 10. \$50.00 |
| 11. | Medical and dental expenses | 11. \$350.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$200.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$25.00 |
| 14. | Charitable contributions and religious donations | 14. \$0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. | Life insurance | 15a. \$354.88 |
| 15b. | Health insurance | 15b. \$360.00 |
| 15c. | Vehicle insurance | 15c. \$174.00 |
| 15d. | Other insurance. Specify: _____ | 15d. \$0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. \$0.00 |
| 17. | Installment or lease payments: | |
| 17a. | Car payments for Vehicle 1 | 17a. \$627.00 |
| 17b. | Car payments for Vehicle 2 | 17b. \$430.00 |
| 17c. | Other. Specify: _____ Student loans (\$125) | 17c. \$0.00 |
| 17d. | Other. Specify: _____ | 17d. \$0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$0.00 |
| 19. | Other payments you make to support others who do not live with you. Specify: _____ | 19. \$0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. | Mortgages on other property | 20a. \$0.00 |
| 20b. | Real estate taxes | 20b. \$0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. \$0.00 |
| 20d. | Maintenance, repair, and upkeep expenses | 20d. \$0.00 |
| 20e. | Homeowner's association or condominium dues | 20e. \$0.00 |

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) 21-32204

First Name Middle Name Last Name

21. **Other.** Specify: _____

21. + _____ \$0.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. _____ \$7,915.19

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. _____ \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. _____ \$7,915.19

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. _____ \$7,954.18

23b. Copy your monthly expenses from line 22c above.

23b. - _____ \$7,915.19

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. _____ \$38.99

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here:

Food, transportation, and medical expenses anticipated to increase. Debtor becomes eligible for Medicare starting August 2021 which will lower his health insurance costs which had previously been \$1,830 per month. Home and vehicles need repairs.

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|---------------|------------------|
| Debtor 1 | <u>Robert</u> | <u>Thomas</u> | <u>Snell, Jr</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u>21-32204</u> | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

| | |
|---|---------------------|
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> | <u>\$606,450.00</u> |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> | <u>\$61,950.74</u> |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> | <u>\$668,400.74</u> |

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

| | |
|---|---------------------|
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> | <u>\$553,664.91</u> |
|---|---------------------|

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

| | |
|--|---------------------|
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | <u>\$0.00</u> |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | <u>\$604,414.63</u> |

Your total liabilities

| |
|-----------------------|
| <u>\$1,158,079.54</u> |
|-----------------------|

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

| | |
|---|-------------------|
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | <u>\$7,954.18</u> |
|---|-------------------|

5. *Schedule J: Your Expenses* (Official Form 106J)

| | |
|---|-------------------|
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | <u>\$7,915.19</u> |
|---|-------------------|

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) 21-32204
 First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$3,145.84

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

| | |
|--|-------------|
| 9a. Domestic support obligations (Copy line 6a.) | \$0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 |
| 9d. Student loans. (Copy line 6f.) | \$68,651.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$0.00 |
| 9g. Total. Add lines 9a through 9f. | \$68,651.00 |

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|---------------|------------------|
| Debtor 1 | <u>Robert</u> | <u>Thomas</u> | <u>Snell, Jr</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u>21-32204</u> | | |

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

/s/ Robert Thomas Snell, Jr
Robert Thomas Snell, Jr, Debtor 1

Date 07/13/2021
MM/ DD/ YYYY

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|---------------|------------------|
| Debtor 1 | <u>Robert</u> | <u>Thomas</u> | <u>Snell, Jr</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u>21-32204</u> | | |

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
- ☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
|---|---|---|---|
| <input type="checkbox"/> Same as Debtor 1 _____ Number Street _____ City State ZIP Code | <input type="checkbox"/> Same as Debtor 1 From _____ To _____ _____ City State ZIP Code | <input type="checkbox"/> Same as Debtor 1 _____ Number Street _____ City State ZIP Code | <input type="checkbox"/> Same as Debtor 1 From _____ To _____ _____ City State ZIP Code |
| <input type="checkbox"/> Same as Debtor 1 _____ Number Street _____ City State ZIP Code | <input type="checkbox"/> Same as Debtor 1 From _____ To _____ _____ City State ZIP Code | <input type="checkbox"/> Same as Debtor 1 _____ Number Street _____ City State ZIP Code | <input type="checkbox"/> Same as Debtor 1 From _____ To _____ _____ City State ZIP Code |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No
- ☒ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Debtor 1 **Robert Thomas Snell, Jr**
 First Name Middle Name Last Name

Case number (if known) 21-32204

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

| | Debtor 1 | Debtor 2 |
|---|---|--|
| | Sources of income Check all that apply. | Sources of income Check all that apply. |
| | Gross Income (before deductions and exclusions) | Gross Income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business |
| | \$0.00 | |
| | \$0.00 | |
| For last calendar year: (January 1 to December 31, <u>2020</u>) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business | <input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business |
| | \$0.00 | |
| | \$10,594.00 | \$10,500.00 |
| For the calendar year before that: (January 1 to December 31, <u>2019</u>) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business |
| | \$120,320.00 | |
| | \$24,879.00 | |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

| | Debtor 1 | Debtor 2 |
|--|---|---|
| | Sources of income Describe below. | Sources of income Describe below. |
| | Gross income from each source (before deductions and exclusions) | Gross Income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | | contributions from non-filing spouse's sister |
| | | \$1,750.00 |
| | | \$7,279.56 |
| | | Trust disbursement on 6/15/21 |
| | | |
| For last calendar year: (January 1 to December 31, <u>2020</u>) YYYY | taxable interest | Social Security income |
| | \$11.00 | \$11,314.00 |
| | ordinary dividends | |
| | \$10,147.00 | |
| | capital gains | |
| | \$16,951.00 | |
| | unemployment | |
| | \$30,677.00 | |

Debtor 1 **Robert Thomas Snell, Jr** Case number (if known) 21-32204
 First Name Middle Name Last Name

| | | | | |
|--|--------------------|-------------|--|--|
| For the calendar year before that: (January 1 to December 31, 2019) YYYY | taxable interest | \$37.00 | | |
| | ordinary dividends | \$12,166.00 | | |
| | pension/annuity | \$55,151.00 | | |
| | capital gains | \$12,175.00 | | |

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|--|------------------|-------------------|----------------------|--|
| BBVA Compass Creditor's Name Attn: Bankruptcy PO Box 10566 Number Street Birmingham, AL 35296 City State ZIP Code | last 90 days | \$9,708.00 | \$397,686.00 | <input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| BMW Financial Services Creditor's Name P.O Box 3608 Number Street Dublin, OH 43016 City State ZIP Code | last 90 days | \$1,881.66 | \$4,870.00 | <input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| Membersource Credit Un Creditor's Name 10100 Richmond Number Street Houston, TX 77042 City State ZIP Code | last 90 days | \$1,305.00 | \$5,045.00 | <input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) 21-32204

First Name Middle Name Last Name

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.



No

☐ Yes. List all payments to an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---------------------|------------------|-------------------|----------------------|-------------------------|
| Insider's Name | | | | |
| Number Street | | | | |
| | | | | |
| City State ZIP Code | | | | |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.



No

☐ Yes. List all payments that benefited an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|---------------------|------------------|-------------------|----------------------|--|
| Insider's Name | | | | |
| Number Street | | | | |
| | | | | |
| City State ZIP Code | | | | |

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.



No

☒ Yes. Fill in the details.

| Debtor 1 | | Robert | Thomas | Snell, Jr | Case number (if known) |
|-------------|--|---------------|---|---|------------------------|
| | | First Name | Middle Name | Last Name | |
| Case title | American Express National Bank v. Robert T Snell | consumer debt | Montgomery County District Court, 284th Judicial District | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded | |
| Case number | 20-10-12309 | | 301 North Main Street #201 | | |
| | | | Conroe, TX 77301 | | |
| | | | City State ZIP Code | | |
| Case title | JPMorgan Chase Bank, N.A Vs. Robert Snell AKA Robert T Snell Jr | consumer debt | Montgomery County Justice Court #3 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded | |
| Case number | 21CV3-000668 | | 1520 Lake Front Circle Suite 100 | | |
| | | | Spring, TX 77380 | | |
| | | | City State ZIP Code | | |
| Case title | JPMorgan Chase Bank, N.A Vs. Robert Snell T Snell AKA Robert T Snell Jr, Esq | consumer debt | Montgomery County Justice Court #3 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded | |
| Case number | 21CV3-000891 | | 1520 Lake Front Circle Suite 100 | | |
| | | | Spring, TX 77380 | | |
| | | | City State ZIP Code | | |
| Case title | JPMorgan Chase Bank, N.A Vs. Robert T Snell AKA Robert T Snell Jr | consumer debt | Montgomery County 457th District Court | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded | |
| Case number | 21-04-05273 | | 301 North Main Suite 200 | | |
| | | | Conroe, TX 77301 | | |
| | | | City State ZIP Code | | |
| Case title | JPMorgan Chase Bank, N.A Vs. Robert T Snell, Jr. | consumer debt | Montgomery County Court #2 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded | |
| Case number | 21-04-04954 | | Post Office Box 2985 | | |
| | | | Conroe, TX 77305 | | |
| | | | City State ZIP Code | | |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☒ No. Go to line 11.

☐ Yes. Fill in the information below.

Creditor's Name

Number Street

City State ZIP Code

| Describe the property | Date | Value of the property |
|--|------|-----------------------|
| <p>Explain what happened</p> <p><input type="checkbox"/> Property was repossessed.</p> <p><input type="checkbox"/> Property was foreclosed.</p> <p><input type="checkbox"/> Property was garnished.</p> <p><input type="checkbox"/> Property was attached, seized, or levied.</p> | | |

Debtor 1 **Robert Thomas Snell, Jr**
 First Name Middle Name Last Name

Case number (if known) 21-32204

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?



No

☐ Yes. Fill in the details.

| Creditor's Name | | Describe the action the creditor took | Date action was taken | Amount |
|-----------------|--------|---------------------------------------|--|--------|
| Number | Street | | | |
| City | State | ZIP Code | Last 4 digits of account number: XXXX- _ _ _ _ | |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?



No

☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?



No

☐ Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift | | | |
| Number | Street | | |
| City | State | ZIP Code | |
| Person's relationship to you _____ | | | |

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?



No

☐ Yes. Fill in the details for each gift or contribution.

Debtor 1 **Robert Thomas Snell, Jr** Case number (if known) 21-32204
 First Name Middle Name Last Name

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
|--|-------------------------------|----------------------|-------|
| Charity's Name | | | |
| Number Street | | | |
| City State ZIP Code | | | |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> . | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
| | | | |

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--|---|-------------------|
| Weston Legal, PLLC Person Who Was Paid 177 West Gray Number Street Houston, TX 77019 City State ZIP Code Email or website address debtor Person Who Made the Payment, if Not You | Attorney's Fees, Filing Fees, Lawsuit Representation, and Costs monthly payments | \$2,800.00 |

Debtor 1 **Robert Thomas Snell, Jr** Case number (if known) 21-32204
 First Name Middle Name Last Name

| Description and value of any property transferred | | Date payment or transfer was made | Amount of payment |
|---|--|-----------------------------------|-------------------|
| Dollar Learning Foundation Person Who Was Paid | | 06/05/2021 | \$18.68 |
| Number Street | | | |
| City State ZIP Code | | | |
| Email or website address | | | |
| debtor Person Who Made the Payment, if Not You | | | |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

| Description and value of any property transferred | | Date payment or transfer was made | Amount of payment |
|---|--|-----------------------------------|-------------------|
| Person Who Was Paid | | | |
| Number Street | | | |
| City State ZIP Code | | | |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☐ No

☒ Yes. Fill in the details.

| Description and value of property transferred | | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|--|--|------------------------|
| private buyer Person Who Received Transfer | | 2006 M Benz E350 sold \$4,500 | 2019 |
| Number Street | | | |
| Houston, TX City State ZIP Code | | | |
| Person's relationship to you | | | |
| no relation | | | |

Debtor 1 Robert Thomas Snell, Jr
 First Name Middle Name Last Name

Case number (if known) 21-32204

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

☒ No

☐ Yes. Fill in the details.

| Description and value of the property transferred | Date transfer was made |
|---|------------------------|
| Name of trust _____ _____ | _____ |

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☐ No

☒ Yes. Fill in the details.

| | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---|---|--|---|
| <u>JP Morgan Chase Bank NA</u> Name of Financial Institution <u>PO Box 182501</u> Number Street <u>Columbus, OH 43218</u> City State ZIP Code | XXXX- <u>5</u> <u>9</u> <u>0</u> <u>2</u> | <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | <u>05/25/2021</u> | <u>\$24.01</u> |
| <u>JPMorgan Chase Bank NA</u> Name of Financial Institution <u>PO Box 182501</u> Number Street <u>Columbus, OH 43218</u> City State ZIP Code | XXXX- <u>9</u> <u>5</u> <u>5</u> <u>7</u> | <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | <u>06/07/2021</u> | <u>\$25.88</u> |
| <u>Bank of America</u> Name of Financial Institution Number Street City State ZIP Code | XXXX- <u>4</u> <u>4</u> <u>0</u> <u>1</u> | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>non-filing spouse removed from son's bank acct</u> | <u>04/12/2021</u> | |

| | | | | |
|----------|---------------|---------------|------------------|---------------------------------|
| Debtor 1 | Robert | Thomas | Snell, Jr | Case number (if known) 21-32204 |
| | First Name | Middle Name | Last Name | |

| | | | | |
|-------------------------------|--|--|---|--|
| | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| Exxon Mobile | XXXX- ____ ____ ____ ____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>stock</u> | June 2021 | \$521.32 |
| Name of Financial Institution | | | | |
| Number | Street | | | |
| | | | | |
| City | State | ZIP Code | | |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
- ☐ Yes. Fill in the details.

| | | | |
|-------------------------------|-----------------------------------|------------------------------|------------------------------|
| | Who else had access to it? | Describe the contents | Do you still have it? |
| Name of Financial Institution | Name | | <input type="checkbox"/> No |
| Number | Street | | <input type="checkbox"/> Yes |
| | City | | |
| State | ZIP Code | | |

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
- ☐ Yes. Fill in the details.

| | | | |
|--------------------------|--|------------------------------|------------------------------|
| | Who else has or had access to it? | Describe the contents | Do you still have it? |
| Name of Storage Facility | Name | | <input type="checkbox"/> No |
| Number | Street | | <input type="checkbox"/> Yes |
| | City | | |
| State | ZIP Code | | |

Debtor 1 **Robert Thomas Snell, Jr**
 First Name Middle Name Last Name

Case number (if known) 21-32204

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

| Where is the property? | | Describe the property | Value |
|------------------------|---------------|-----------------------|-------|
| Owner's Name | Number Street | | |
| Number Street | | | |
| City State ZIP Code | | | |
| City State ZIP Code | | | |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Fill in the details.

| Governmental unit | | Environmental law, if you know it | Date of notice |
|---------------------|---------------------|-----------------------------------|----------------|
| Name of site | Governmental unit | | |
| Number Street | Number Street | | |
| City State ZIP Code | City State ZIP Code | | |
| City State ZIP Code | City State ZIP Code | | |

25. Have you notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Fill in the details.

| | | | | | |
|----------|--|---------------|---------------|------------------|---------------------------------|
| Debtor 1 | | Robert | Thomas | Snell, Jr | Case number (if known) 21-32204 |
| | | First Name | Middle Name | Last Name | |

| Governmental unit | Environmental law, if you know it | Date of notice |
|--|-----------------------------------|----------------|
| <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div> <div style="width: 55%;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div> </div> </div> </div> | | |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
- ☐ Yes. Fill in the details.

| Court or agency | Nature of the case | Status of the case |
|---|--------------------|--|
| <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div> <div style="width: 55%;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div> </div> | | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☒ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.
- ☒ Yes. Check all that apply above and fill in the details below for each business.

| | | |
|---|---|---|
| <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div> <div style="width: 55%;"> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div> </div> | <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> | <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> |
| <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> | <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> | <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> |

| | | | | | | |
|----------|--|--|---------------|---------------|------------------|---------------------------------|
| Debtor 1 | | | Robert | Thomas | Snell, Jr | Case number (if known) 21-32204 |
| | | | First Name | Middle Name | Last Name | |

| | | | |
|---|--|--|--|
| The Bellha Group Name 30 east Wedgemere Circle Number Street The Woodlands, TX 77381 City State ZIP Code | | Describe the nature of the business S-Corp - Management consulting business in the oil and gas and process industries. | Employer Identification number Do not include Social Security number or ITIN. EIN: ____ - ____ - ____ |
| | | Name of accountant or bookkeeper Aqua Financial Services | Dates business existed From 04/28/2010 To 06/23/2021 |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.



No

☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City

State

ZIP Code

Debtor 1 Robert Thomas Snell, Jr Case number (if known) 21-32204
First Name Middle Name Last Name

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Robert Thomas Snell, Jr
Signature of Robert Thomas Snell, Jr, Debtor 1

Date 07/13/2021

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|---------------|------------------|
| Debtor 1 | <u>Robert</u> | <u>Thomas</u> | <u>Snell, Jr</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u>21-32204</u> | | |

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|--|---|--|
| Creditor's name: BBVA Compass Description of property securing debt: homestead 30 E Wedgemere Circle The Woodlands, TX 77381 | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| Creditor's name: Wells Fargo Home Mortgage Description of property securing debt: Florida condo 5240 Eaglesmere Dr Unit 1-C07-1 Orlando, FL 32819 | <input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor 1 **Robert** **Thomas** **Snell, Jr** Case number (if known) 21-32204
 First Name Middle Name Last Name

Additional Page for Part 1

| | | | |
|--|--|---|---|
| Creditor's name: | Membersource Credit Un | <input type="checkbox"/> Surrender the property. | <input type="checkbox"/> No |
| Description of property securing debt: | 2016 Kia Optima LS fair condition | <input type="checkbox"/> Retain the property and redeem it. | <input checked="" type="checkbox"/> Yes |
| | | <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . | |
| | | <input type="checkbox"/> Retain the property and [explain]: | |
| <hr/> | | | |
| Creditor's name: | BMW Financial Services | <input type="checkbox"/> Surrender the property. | <input type="checkbox"/> No |
| Description of property securing debt: | 2013 BMW 328i Convertible fair condition | <input type="checkbox"/> Retain the property and redeem it. | <input checked="" type="checkbox"/> Yes |
| | | <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . | |
| | | <input type="checkbox"/> Retain the property and [explain]: | |
| <hr/> | | | |
| Creditor's name: | Northwestern Mutual | <input type="checkbox"/> Surrender the property. | <input type="checkbox"/> No |
| Description of property securing debt: | Northwest Mutual Life (Whole) Total Death Benefit: \$172,257.00 Net death benefit after loan: \$86,493. | <input type="checkbox"/> Retain the property and redeem it. | <input checked="" type="checkbox"/> Yes |
| | | <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . | |
| | | <input checked="" type="checkbox"/> Retain the property and [explain]: pay | |

Debtor 1 Robert Thomas Snell, Jr Case number (if known) 21-32204
 First Name Middle Name Last Name

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| Describe your unexpired personal property leases | Will the lease be assumed? |
|---|---|
| Lessor's name: _____ Description of leased property: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: _____ Description of leased property: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: _____ Description of leased property: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: _____ Description of leased property: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: _____ Description of leased property: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: _____ Description of leased property: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: _____ Description of leased property: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: _____ Description of leased property: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Robert Thomas Snell, Jr _____
 Signature of Debtor 1

Date 07/13/2021
 MM/ DD/ YYYY

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|---------------|------------------|
| Debtor 1 | <u>Robert</u> | <u>Thomas</u> | <u>Snell, Jr</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | _____ | _____ |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u>21-32204</u> | | |

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☒ Married and your spouse is NOT filing with you. You and your spouse are:
- ☒ Living in the same household and are not legally separated. Fill out both Column A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|----------|----------|--|---------------|---------------|---|-----------------|-----------------|---|---------------|---------------|---|--|----------|----------|--|---------------|---------------|---|-----------------|-----------------|---|---------------|---------------|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Net income from operating a business, profession, or farm | <table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td><u>- \$0.00</u></td> <td><u>- \$0.00</u></td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table> | | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | Ordinary and necessary operating expenses | <u>- \$0.00</u> | <u>- \$0.00</u> | Net monthly income from a business, profession, or farm | <u>\$0.00</u> | <u>\$0.00</u> | <table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td><u>- \$0.00</u></td> <td><u>- \$0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table> | | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | Ordinary and necessary operating expenses | <u>- \$0.00</u> | <u>- \$0.00</u> | Net monthly income from rental or other real property | <u>\$0.00</u> | <u>\$0.00</u> |
| | Debtor 1 | Debtor 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | <u>- \$0.00</u> | <u>- \$0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| Net monthly income from a business, profession, or farm | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| | Debtor 1 | Debtor 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | <u>- \$0.00</u> | <u>- \$0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| Net monthly income from rental or other real property | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Net income from rental and other real property | <table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td><u>- \$0.00</u></td> <td><u>- \$0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table> | | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | Ordinary and necessary operating expenses | <u>- \$0.00</u> | <u>- \$0.00</u> | Net monthly income from rental or other real property | <u>\$0.00</u> | <u>\$0.00</u> | <table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td><u>- \$0.00</u></td> <td><u>- \$0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table> | | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | Ordinary and necessary operating expenses | <u>- \$0.00</u> | <u>- \$0.00</u> | Net monthly income from rental or other real property | <u>\$0.00</u> | <u>\$0.00</u> |
| | Debtor 1 | Debtor 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | <u>- \$0.00</u> | <u>- \$0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| Net monthly income from rental or other real property | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| | Debtor 1 | Debtor 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | <u>- \$0.00</u> | <u>- \$0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| Net monthly income from rental or other real property | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Interest, dividends, and royalties | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |

Column A
Debtor 1

Column B
Debtor 2 or
non-filing spouse

8. **Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you..... \$0.00

For your spouse..... \$719.07

\$2,854.17

\$0.00

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$0.00

\$0.00

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below

Anticipated Income

\$0.00

\$0.00

contributions from non-filing spouse's sister

\$0.00

\$291.67

Total amounts from separate pages, if any.

+ \$0.00

+ \$0.00

\$2,854.17

+ \$291.67

= \$3,145.84

11. **Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

Total current
monthly income

Part 2: Determine Whether the Means Test Applies to You

12. **Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11.....

Copy line 11 here → \$3,145.84

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b. \$37,750.08

13. **Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Texas

Fill in the number of people in your household.

3

Fill in the median family income for your state and size of household.....
 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

13. \$77,110.00

14. **How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
 Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Debtor 1

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Robert Thomas Snell, Jr
Signature of Debtor 1

Date 07/13/2021
MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

Southern District of Texas

In re Snell, Robert Thomas

Case No. 21-32204

Debtor

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|---|------------|
| For legal services, I have agreed to accept | \$2,800.00 |
| Prior to the filing of this statement I have received | \$2,800.00 |
| Balance Due | \$0.00 |

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of debtor in adversary proceedings, contested matters, and matters designated in the parties' representation agreement as not included, except with further fees and agreement between parties.

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/13/2021
Date

/s/ Sarah Callahan
Sarah Callahan
Signature of Attorney

Bar Number: 24109683
Weston Legal, PLLC
177 West Gray
Houston, TX 77019
Phone: (713) 623-4242

Weston Legal, PLLC
Name of law firm

Date: 07/13/2021

/s/ Robert Thomas Snell, Jr
Robert Thomas Snell, Jr

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

IN RE:

Snell, Robert Thomas

Debtor(s)

§

§

§ Case No. 21-32204

§

§ Chapter 7

**DECLARATION FOR ELECTRONIC FILING OF AMENDED PETITION,
ORIGINAL/AMENDED BANKRUPTCY STATEMENTS AND SCHEDULES,
AND/OR AMENDED MASTER MAILING LIST (MATRIX)**

As an individual debtor in this case, or as the individual authorized to act on behalf of the corporation, partnership, or limited liability company named as the debtor in this case, I HEREBY DECLARE UNDER PENALTY OF PERJURY that I have read

- ☐ the original statements and schedules to be filed electronically in this case
- ☐ the voluntary petition as amended on _____ and to be filed electronically in this case
- ☐ the statements and schedules as amended on _____ and to be filed electronically in this case:
- ☐ the master mailing list (matrix) as amended on _____ and to be filed electronically in this case

and that the information provided therein is true and correct. I understand that this Declaration is to be filed with the Bankruptcy Court within five (5) business days after such statements, schedules, and/or amended petition or matrix have been filed electronically. I understand that a failure to file the signed original of this Declaration as to any original statements and schedules will result in the dismissal of my case and that, as to any amended petition, statement, schedule or matrix, such failure may result in the striking of the amendment(s).

- ☐ *[Only include if petitioner is a corporation, partnership or limited liability company] --*
I hereby further declare under penalty of perjury that I have been authorized to file the statements, schedules, and/or amended petition or amended matrix on behalf of the debtor in this case.

Date 07/13/2021

/s/ Robert Thomas Snell, Jr
Snell, Robert Thomas
Debtor